

Hazardous Waste and Used Oil Notification

INSTRUCTIONS FOR COMPUTER GENERATED AND BLANK FORMS

Below are instructions for Hazardous Waste and Used Oil Notification form. For changing previous notification, review the pre-printed data and mark any changes on the computer generated form. If you need extra copies, please photocopy the blank form before writing on it.

Hazardous Waste Notification: Complete this form for each site generating a hazardous waste in Tennessee. If a company owns multiple sites, describe each site and its wastes on a separate set of forms. Rule 1200-1-11-.01(2)(a) provides a definition of "onsite". Rule 1200-1-11-.03(1)(b) gives the procedures to determine if a waste is hazardous. Attach a completed Hazardous Waste Stream Report for each waste stream determined to be hazardous.

Each new generator of hazardous waste must submit this form within 90 days after the date of initial generation. Each generator is responsible for maintaining an up-to-date form by notifying the Division within 30 days of significant changes. Submit one copy of the applicable forms to the Division of Solid Waste Management, Fifth Floor, L & C Tower, 401 Church Street, Nashville, Tennessee 37243-1535.

Used Oil Notification: Complete this form for each used oil site as follows: processor, transporter, transfer facility, marketer, burner of off-specification used oil, and used oil fuel marketer as described in Rule 1200-1-11-.11. Each used oil notifier is responsible for maintaining an up-to-date form by notifying the Division within 30 days of significant changes. Attach other Used Oil Program forms as appropriate.

Line 1: Organization name - Give the organization's full, legal name for this site to distinguish it from any other site the organization may own or operate in Tennessee. Supply your installation identification number. If no number has been assigned, call the Division for instructions on how to obtain one. There is a one-time application fee of \$50.00 for a new number.

Line 2: Mailing address - Give a complete mailing address with zip code according to U. S. Postal Service standards for this site. Give the state code of TN for Tennessee or the two character postal abbreviation for any other state. Please supply the full 9 digit zip code if possible. This address will be used to mail the annual hazardous waste report forms. Carefully consider who should receive the mail and where it should be delivered to insure prompt delivery of annual report forms before any late penalties are assessed. Mail will be sent to the technical contact if supplied on line 6.

Line 3: Site Address - Give the full address which will aid the Division in going to this site. Do not give a P. O. Box number. Give the Tennessee county name in which the site is located.

Line 4: Owner name - Give the personal or corporate name and phone number of the immediate owner of the site. In Type, enter one of the following codes which best describes the owner type:

Private . . .	P	Indian . . .	I
Federal government . .	F	Municipal government . . .	M
State government . . .	S	Special District . . .	D
County government . . .	C	Other . . .	O

Line 5: Manager name - Give the name and phone number of the manager or person who is responsible for the direction of activities at the site.

Line 6: Principal technical contact - Give the name and how to reach the person who is knowledgeable about the hazardous waste generated at this site and who the Division may contact for further information if needed. The phone number is required – the fax number, pager number and e-mail address are optional but can facilitate important communications.

Line 7: Enter the four digit **primary Standard Industrial Classification (SIC)** code of the site. If additional SIC codes are known, please supply them.

Line 8: Emergency contact - Give the name and phone number of the designated emergency contact who may be reached during closed hours regarding emergencies. The Division must be able to call 24 hours per day and 7 days per week. A plant entrance guard, etc. may be designated as the emergency contact.

Line 9: Do you perform any of the following (for hazardous waste notifiers only):

- Check the yes box if you **receive RCRA hazardous waste from offsite and recycle it.**
- Check the yes box if you **recycle RCRA hazardous waste from onsite.**

Line 10: Certification - After all documents have been compiled for submission to the Division, the manager or owner responsible for the site must review the whole package, sign, give their title and the date signed. The certification must be made by one who is legally authorized to bind the company as when signing contracts.

Lines 11 to 14 are for **Department use only!**



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Tennessee Department of Environment and Conservation; Division of Solid Waste Management
Fifth Floor, L & C Tower; 401 Church Street; Nashville, TN 37243-1535

1. Organization's full, legal name				Installation identification no.	
2. Mailing address		City	State	Zip code	
3. Site address		City	State	Zip code	County name
4. Owner name (may be corporation or company name)			Type	Phone + area code & ext.	
5. Manager or operator name				Phone + area code & ext.	
6. Principal technical contact				Phone + area code & ext.	
FAX + area code		Pager + area code.		e-mail address	
7. Standard Industrial Classification (SIC) codes (Primary SIC first, etc.)					
8. Emergency contacts for hours the facility is closed.					
a. Name		Time period covered		Phone + area code & ext.	
b.					
9. Do you perform any of the following: (for hazardous waste notifiers only)					
a. Receive RCRA hazardous waste from offsite and recycle it? Yes () No ().					
b. Recycle RCRA hazardous waste from onsite? Yes () No ().					
10. Certify that the information given in this document is true, accurate and complete by signing and dating.					
Signature of authorized representative					
Printed name		Title		Date	
*** Below is for Department use only ***					
11. Date received	County code	Generator Yes No	Small Generator Yes No	Special status & CESQG	
12. TSDR status	Transporter status	Used Oil Status			
13. WAAS Comments					

				Haz. Waste Program YES	Used Oil Program YES
14. Log ID Code	Staff Initials	Newly Assigned ID Number			
CD No.	Date received	Amount	Receipt #	Fee Comments	